

## **OFFICE POLICIES & CONSENT FOR TREATMENT**

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us. Please keep a copy of this agreement for your reference.

### **ABOUT PSYCHOTHERAPY**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the clinician and client, and the particular life challenges you bring forward. There are various methods I may use to address the issues that you hope to work on. Together we will agree on a specific treatment plan tailored to your particular needs and goals. Psychotherapy calls for a very active approach on your part. The success of therapy will depend on the effort you put forward during and outside of our sessions. Progress is also highly dependent on good communication between client and therapist. If at any time during the therapy you have any questions or concerns or feelings about something I have said, do not hesitate to bring this up.

Psychotherapy can have both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings and the process may at times, feel quite difficult. On the other hand, psychotherapy has also been shown to have benefits for people who go through it: therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

### **MEETINGS**

A regular psychotherapy session lasts for 45 minutes. During our initial consultation meeting(s) we will both decide if I am the best person to provide the services you need. If either you or I decide for any reason that you would be better helped by another professional or method of intervention, I will offer referrals for alternative services. If we decide to continue with ongoing psychotherapy, we will schedule one or more sessions per week at a mutually agreed upon time.

## **CANCELLATIONS & MISSED APPOINTMENTS**

Because the success of therapy depends on the regularity and continuity of our meetings, the expectation is that we will meet regularly at the time that we decide upon together. Once we agree on a regular time or times to meet during the week, I will reserve those hours for you. It is understandable that on occasion you will need to cancel or reschedule a session. If it is necessary to reschedule or cancel an appointment, I require that you provide me with at least **24 hours** advance notice in order to avoid being charged a missed session fee. If I receive notice less than **24 hours** in advance you will be charged a missed session fee of **\$25.00**.

## **FEES FOR SERVICE**

During our initial consultation meeting we will jointly determine a fee and payment schedule. Unless we make other specific arrangements, payment by check or cash is due at the beginning or end of each session. I do offer a few sliding scale slots for clients who are unable to afford my regular fee.

## **INSURANCE**

I am not on a number preferred provider panels. However, many PPOs offer reimbursement for out of network mental health providers. If you will be using out of network benefits, I am able to provide you with receipts so that you are able to seek reimbursement from your insurance company.

## **EMERGENCIES**

Although you can leave me a message at any time, I am often not available to call you back immediately. In an emergency, please call me, and I will return your call as quickly as possible. However, if you have an emergency requiring immediate attention, please call 911 or go to your nearest emergency room.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_